

**Kentucky Adult Educators Literacy Institute**  
**2006-2007**

**Supervisor's Statement of Support**

(please email completed form to [tamill2@uky.edu](mailto:tamill2@uky.edu) or fax to 859 323 2824)

**Program Name:** \_\_\_\_\_ **County:** \_\_\_\_\_

**KAELI Participant's Name:** \_\_\_\_\_

Number of hours applicant is employed weekly in KYAE adult education program:  
\_\_\_\_\_

**Supervisor's Contact Information:**

Work Address: \_\_\_\_\_  
Street

City State Zip

Work telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

I support this registration for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I have read the accompanying "Important KAELI Information" document and understand the commitment that the educator makes in attending KAELI and that I will need to provide the necessary program support for them to meet their commitments.*

*Supervisor's signature:* \_\_\_\_\_

(Please print name) \_\_\_\_\_

If you have any questions please contact

Toni-Ann Mills, Phone 859 257 6127 or email [tamill2@uky.edu](mailto:tamill2@uky.edu)